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CASE OF FÆCULENT DISCHARGE FROM THE GROIN.

[Read before the Boston Society for Medical Observation, Sept. 21st, 1857, and communicated for the Boston Medical and Surgical Journal.]

BY C. ELLERY STEDMAN, M.D.

On the 25th of July last, I was called to a patient of my father's, Mrs. F., the wife of a respectable mechanic, and whose occupation had been that of a seamstress. She was a stout, cheerful-looking woman, and her general health had been very good, with the exception of turns of dizziness and "rushes of blood to the head," with occasionally, transient attacks similar to the present.

I found her complaining of pain, heat, and swelling in the right inguinal region. She had had soreness in this spot three nights before, and had applied baths of hot rum, and other domestic remedies, without the relief which she had usually experienced at such times. On examination, I found in the right groin an inflamed swelling, which had the look and feeling of a bubo ready to be opened. She said she could feel the air rushing into it when she moved or coughed; she never had had hernia, nor was there reason to fancy any specific taint. Near the right anterior superior spinous process was the scar of an incision in the abdominal wall, some three or four inches in length, with a deep depression in its middle, like a navel, just above the process. Though her pulse was small and she was a little excited, her skin was cool, tongue clean and countenance natural.

In answer to questions about her previous history, she said she had been in the Mass. General Hospital for a similar attack some twenty years ago, and on referring to the Hospital Records I find the following report of her case.

"Mrs. F. was admitted to the Hospital, April 11th, 1836. Reports that she had, on the 2d instant, sudden pain in right iliac region, followed by pain and distress in epigastrium, with nausea and vomiting; the pain in abdomen continuing severe during the day and night; extreme over whole of abdomen next day, with nausea

and vomiting. The following day the abdomen was swollen, but less painful. The swelling has continued to increase till the present time, with constant pain. Has had poultices, and four or five grains of opium daily. Has taken no nourishment for three days. General health good. Had been washing in the morning, and thinks she took cold. Bowels regular. Now, pain severe in iliac region, with much redness and swelling, and distinct fluctuation. Tenderness over whole abdomen. Pulse 120. Skin hot. No appetite. Thirst. Poultice. Opium.

" 12th.—Abscess punctured in two places, and eight ounces of thick, dark, very offensive matter discharged.

" 13th.—Was much improved, with pulse and tongue natural, having slept tolerably well. No pain; discharge free; some appetite; costive.

" 14th.—Had a cathartic, which operated. Some pain in abscess, but otherwise comfortable. Liquid diet. Bread.

" 19th.—Openings dilated with probe-pointed bistoury.

" June 6th.—Comfortable. No discharge from lower opening; slight purulent discharge from upper. Appetite good. [These two openings were some six inches apart, one being in the groin, the other just above the anterior superior spinous process of the ilium.]

" 12th.—Lower opening healed, and upper one nearly so; the discharge is diminishing, and the bowels are regular.

" 14th.—Lower opening dilated; considerable watery discharge.

" 17th.—Some pain. Discharge small, and bowels regular.

" 18th.—Pulse 72. No discharge from the lower orifice. Some bloody oozing from the upper. Bowels continue regular. Some nausea and cardalgia to-day.

" 19th.—She sat up.

" 24th.—Pain and burning in abscess with very slight acceleration of pulse. Bowels regular. Relieved by hop fomentations and leeches.

" 25th.—Headache and nausea.

" 26th.—Headache and nausea continues. Slept after an opiate. Skin hot, and much pain in abscess. Chills and heat. No appetite. No discharge.

" 27th.—Little sleep. Was ordered calomel and jalap.

" 28th.—Vomiting and purging from medicine. The action of vomiting caused considerable discharge of fæcal matter from both openings of abscess. Complains of pain in right arm, and cramps in legs; much less pain in the abscess. White coat on tongue. Pulse 96.

" 30th.—Pain in bowels. Discharge continues the same. Pulse 90. No appetite. Bowels regular.

" July 9th.—Comfortable, with very slight discharge from abscess. Is weak. Not much appetite. Bowels regular.

"19th.—Opening nearly healed. Bowels regular. To have compression to abscess.

"22d.—Is discharged well."

Mrs. F. also states, in addition to the above, that the flow of fæcal matter when the abscess was opened was enormous, and particularly offensive, but that after that time the discharge was entirely destitute of odor. She farther says that the house-surgeon was accustomed to pass a probe between the two openings to keep the gut clear; and on one occasion, when the visiting surgeon expressed doubt of the assertion that undigested food passed out at this temporary fundament, in a short time after its ingestion, she was enabled to produce, triumphant, for his inspection at the next visit, upon the napkin which covered the orifice, the baked apple of which she had partaken for breakfast some half hour before.

Since she quitted the Hospital in 1836, the only exception to her general good health has been an occasional attack of rheumatism.

After my visit to her last July, she took light nourishment, and used opiates and poultices till the 3d of August, when the abscess broke, discharging nothing but pus. Up to this time there had been no derangement of the bowels. On the 12th, it is noted that she "had a dejection last night. Pulse 72. Tongue clean. Countenance and skin natural. A copious watery discharge took place, and continued running all night, completely drenching the bed-clothing." This discharge she describes as thin, limpid, hot and odorless; it has taken place three times at about midnight, and when it is set up she says that it runs "like a brook" all night. These discharges are exceptional. Usually the matter escaping from the opening is yellow or fæcal, and perhaps purulent and mucous, but always without odor.

She complains of copious night sweats and "distressed turns," with chills and heat, the cold stage sometimes amounting almost to collapse. She is also troubled considerably by tumefaction of the abdomen, unaccompanied by tympany or fluctuation, which does not precede, nor is it relieved by, the watery flow mentioned above. The appetite is sometimes good, sometimes dainty. What food she takes digests well, her dejections sometimes being natural and sometimes obtained by means of enemata.

Last week, the fistula had apparently ceased running, the opening being about the size of a small pea; but a cup of coffee disagreeing with her, caused an attack of indigestion, and it opened again, with a slight brown discharge. On the 19th she suffered from wandering pains, and was forced to take a cathartic, during the operation of which a small evacuation of the same brown, odorless matter escaped from the opening in the groin. On the 21st she is very well, cheerful, gaining in appetite and strength, with no discharge of any sort from the fistula; and hopes, as soon as the slight red-

ness now existing about the groin has departed, to wear a compressing bandage and sit up.

The points which have particularly interested me in the case, and upon which I should like to hear the opinion of other members of the Society, are, the entire absence of odor in the matter discharged, and the kind of discharge mentioned as having taken place three times in the night—colorless, fluid, and without smell. In connection with this, I quote a similar instance, mentioned by Mr. South in his edition of Chelius's Surgery. He says:

"I have also seen another case of aperture in the navel of a woman 25 years of age, from which there was a flow of colorless fluid, free from smell, in such quantity as to wet through a napkin once or twice a day. Whence this fluid came, I cannot determine; it could scarcely have been through an intestine. I once thought it might have been obtained from the bladder, by passing through an urachus; but it had not any urinary character. She had been subject to it for years, but her health was not at all affected, and she was only inconvenienced by it."

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#### PUSTULAR ERUPTION OF THE SKIN; THE PUSTULES CONTAINING LARVÆ.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

THE following history of the case, communicated by Dr. S. MITCHELL, of Cameron Mills, Steuben County, N. Y., was read to the Society by Dr. MORLAND.

Dr. Mitchell was sent for on the 28th of July, 1857, to attend Mrs. T. F. in labor. "She was delivered of a healthy, female child." On the 4th of August a messenger desired Dr. M.'s services for the child, "stating that it was covered with sores which were alive with worms." "On my arrival," writes Dr. M., "a worm was shown to me, which the friends had extracted several hours previously. It very much resembled a common maggot, being white, large at one end, and terminating in a point at the other. It was about one fourth of an inch in length, and extremely lively; for, on placing it in the palm of my hand, and attempting to put a magnifying glass over it, so rapid were its movements that I could with difficulty get a view of it. I found the sores to be a kind of papulous eruption, occupying the scalp, face, neck and back. The papules varied in size, and rested upon a circumscribed and inflamed base. Upon the summit of each of these conical elevations there was a small quantity of puriform fluid, just beneath the epidermis, and in which was visible a live maggot, maintaining a constant wriggling motion."

"With a pair of sharp-pointed dissecting forceps, I extracted



quite a number of these worms, and they were all as active as the one first shown to me.

"On removing the cuticle, the maggot appeared to be contained in a little pit, or depression, resembling that of the grub found on the backs of cattle, beneath the skin. When disturbed, it would retract itself, until it disappeared. I extracted no more than two from any one of the papules; most of them contained one only.

"I saw one or two of the papules (or pustules) before the formation of the inflamed base. The skin then appeared nearly natural, the maggot being seen just beneath the cuticle, in almost constant motion.

"The question arises, when and how the germs of these strange creatures were thus deposited? No eruption was noticed upon the child until the day before I visited it.

"I applied spirits of turpentine to all the worms I was unable to remove. This speedily eradicated them, and the child is now (August 14th) well. I enclose specimens of the worm for your examination."

The first specimens were received in a damaged state, owing to the breaking of the phial containing them. On informing Dr. Mitchell of this mishap, he sent me two others which he had preserved, and which arrived safely. These, in common with the first sent, were submitted to Dr. B. S. SHAW for microscopic examination, who has furnished a description, which will be appended.

Dr. Mitchell, in his note accompanying the second set of specimens, says: "They (the worms) would crawl all over the palm of my hand with considerable rapidity, and by the same sort of motion one may observe in the common earth-worm. The specimens were alive when I put them into alcohol, and lived three minutes, by the watch, crawling about on the bottom of the phial. As the patient was but seven days old, I had no means of ascertaining whether there was itching.\* No food except breast-milk was taken. I am sorry to say, that I saved but six specimens, as it was in the night that I saw the child, and the worms were removed with considerable difficulty, on account of their retreating into their *holes*, if I may be permitted to use the expression. Several *passes*, with the forceps, at many different times, were necessary before any could be secured. First, the cuticle had to be removed, and this would cause the parasites to disappear. If not disturbed, however, for a few minutes, they would be seen wriggling their way upward through the sero-purulent matter with which the summits of the papules were crowned.

"Before the cuticle covering the sores was removed, the pustular portion of each was about one eighth of an inch in diameter, with an elevated, inflamed base of from a half to a whole inch in

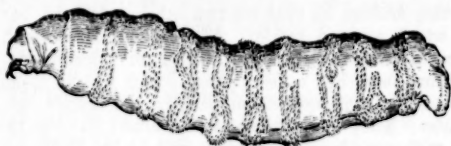
\* In reply to a question.

diameter. The sores all healed within a few days after the destruction and removal of the worms."

August 20th.—The child is reported "well."\*

Dr. SHAW exhibited one of the *larvæ* under the microscope, and also drawings showing the head and a portion of the body. He then read the following description of them and other similar species.

"The maggots, placed in my hands for examination, seem to be larvæ of some species of fly of the *Musca* family, or of some species of *Æstrus*, a genus of Linnæus, to which belong the bot-fly of the horse, as well as the insects which infest the cow, deer, sheep, rabbit and other animals. As is generally the case in the genus *Æstrus*, these larvæ have the anterior extremity small and pointed, and the posterior extremity rounded or blunt. One specimen only was in a proper condition to be measured, and that may have been affected by immersion in alcohol. Its length was a quarter of an inch, and its diameter a sixteenth of an inch. In the accompanying sketch it is magnified 12 diameters. They are of a white color. The body is divided into eleven segments, exclusive of the head, the anterior portion of each segment being surrounded by a



band of bristles or spines which facilitate their progression. The head is armed with two black hooklets, and is without any visible mouth. Cuvier speaks of the mouth of the cutaneous larvæ as being "composed of fleshy lobes only, whilst that of the internal larvæ is armed with two strong bent hooks." If this is true, the natural *nidus* of these specimens would seem to be the internal organs rather than the skin. Humboldt, in his *Essai sur le Géographie des Plantes, &c.*, Paris, 1805, speaks of the existence of larvæ in the skin of the abdomen of the natives of South America and the West India Islands. Rudolphi, in his work on *Entozoa*, speaks of larvæ in the human skin, and says that they remain there about six months, and then, falling to the ground, become perfect insects. I am told by Dr. Weinland, of Cambridge, that similar larvæ are common in Gaudaloupe, where they bear the name of Ver macaque, probably from infesting one of the monkey tribe of this name. Dr. Jeffries Wyman, who has recently returned from

\* In a subsequently-written note, Dr. Mitchell mentions that the mother of the child was very strongly and disagreeably impressed by seeing, during her pregnancy, some salted fish filled with maggots. Faintness and severe vomiting resulted.

Surinam, informs me that some kind of larvæ are found there in the skin of the natives.

"The larvæ of several species of *Musca*, which resemble very much those of *Æstrus*, have likewise been deposited in the human body; for instance, those of *M. vomitoria*—common meat-fly; *M. carnaria*—flesh-fly; and *M. domestica*—common house-fly.

"On account of the very limited duration of their existence as perfect insects, in many of the species, they are rarely obtained for study in this stage; and most of their larvæ, both those of *Æstrus* and *Musca*, having similar forms, number of articulations, hooks, &c., their distinction is recognized only with difficulty. A species of *Æstrus* has been described as *Æstrus hominis*, or *humanus*, by Linnæus, by Gmelin (*Systema* 13), by Olivier in the *Encyclopédie Méthodique*, tom. viii., p. 468, and two cases are given by Mr. Howship, under this name, in the *Proceedings of the Royal Society*, vol. iii., p. 181. This species, however, so far as is known, has only been met with in South America, and when thoroughly studied may prove to be identical with one of those better known. As to the species under consideration, I do not see how any name can be attached to it at present. It may be *Æstrus hominis*, or one of the many species common here in the lower animals, or it may be a *Musca*.

"In endeavoring to ascertain what is known concerning the presence of maggots in the human body, I have met with a great number of cases where the mucous membranes have been infested with them, and with several cases where the skin has been chosen as the nidus for the larva or egg. Of the *Coleopterous* insects, such as beetles, meal-worms, &c., there have come to my notice thirty-three cases where their larvæ have been found in the stomach, intestines, urinary organs, nostrils, and inner canthus of the eye. The larvæ of the *Neuroptera* and *Lepidoptera*, for instance those of some of the moths and of the cad bate of the angler, have been found in similar situations. Of the *Dipterous* larvæ, those of *Musca* and *Æstrus* are the most common; those of *Musca* forming by far the largest number of any one genus, thirty-seven cases being tabulated and reported by Mr. F. W. Hope, in the *Transactions of the Entomological Society*, of London, vol. ii. The species of these maggots was generally unknown; but many were recognized as belonging to the meat-fly, *M. vomitoria*; to the flesh-fly, *M. carnaria*, which like the previous species deposits upon flesh and sometimes in the wounds of persons; and to the common house-fly, *M. domestica*, whose breeding places are vaults and swill-houses. The localities were the stomach, intestinal canal, frontal sinuses, nostrils, eyes, gums and inside of the cheek. An unknown species of *Musca* was reported by Leuwenhoek in 1687, upon the leg, as 'many small maggots.' The genus *Æstrus* seems to be that which most frequently deposits upon the external surface of the

human body. Of these cases I have met with two upon the scrotum, two in the skin of the abdomen, two in the scalp, and one in each of the following named situations, viz.: leg, arm, scapula, ear, jaws, antrum and stomach. These larvæ were either called *Æstrus hominis*, or they were described without a specific name, with the exception of one, which was *Æstrus bovis*.

"It is natural to suppose that these flies may, in some rare instances, deposit their larvæ, or ova, upon the human skin or mucous membranes, or that the germs may be taken into the stomach in meat, vegetables, fruit, or even in water. An apparently well-authenticated case of voiding by the mouth of the white cabbage butterfly, *Pontia Brassicæ*, by a boy who had been accustomed to eat raw cabbage, has been given by Mr. Robert Calderwood, of Scotland, in his *Medical Commentaries*, vol. iv., p. 223."

### Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

AUGUST 24th.—*Malignant Tumor of the Jaw in a Child; Death; Autopsy.* Dr. FIFIELD, of Weymouth, reported the case.

Marshall, a child, three years of age, became blind of the right eye, apparently from a cataract, within a few weeks after birth. The child was presented to the surgeons of the Boston Eye and Ear Infirmary, for operation, but the case was declined, on the ground of supposed malignancy. Shortly afterward it became blind of the left eye. The child was then shown to Dr. Henry W. Williams, who also declined operation. The general health remained good until the last week in May, 1857, when a tumor, of the size of a small chestnut, appeared on the body of the right half of the lower jaw. This was supposed to be mumps; was shown to Dr. Stevens, and by him to Drs. Lewis and Gay, by whom the diagnosis of osteo-sarcoma was established. The child was then removed to West Randolph. On the 3d of July, Dr. F. saw the case for the first time. The tumor had then attained the bulk of a small orange, surrounding the jaw, distending the cheek, pushing the tongue to the left side, and rendering the mouth incapable of closure. There had been one or two attacks of hæmorrhage from the tumor.

*Sectio Cadaveris.*—A partial examination of the body was made on Sunday, August 23d. The tumor had enormously increased since the visit, filling the entire cavity of the mouth. The teeth were loosened, and easily removed by the finger. The right eye had protruded, in the form of a black fungus. On reflecting the integuments, the tumor was found to have passed the symphysis, and to have invaded the left half of the jaw, by about half the length of its body. On the right side, the body, angle, ramus and articulation had been successively attacked and enveloped by the disease. Upward, the disease had passed under the zygoma; had penetrated the sphenomaxillary fossa. The bones comprising the base of the skull

were thickly plastered with encephaloid. On attempting to remove the jaw, it was found to be spontaneously fractured at the angle. By the positive command of the parents, the removal of any portion of the tumor beyond the symphysis was forbidden.

The bulk of the whole tumor probably equalled that of a large orange, or perhaps, more correctly, a shaddock. On the removal of the fungus, representing the right eye, the walls of the orbit were seen thinly covered with encephaloid, the protrusion of the eye-ball having been caused by malignant disease within itself, and not by any pressure posteriorly.

The above case is *very* remarkable in several points : first, the age at which the malignant cachexia first showed itself within the eye ; secondly, the length of time it remained confined inactive, in the eye-balls ; thirdly, the terrible rapidity of the growth as manifested in the jaw, it having required less than a period of three months to bring it from the size of a small chestnut to the bulk above mentioned, and to destroy life.

AUGUST 24th.—*Uterine Hydatids.* Dr. FIFIELD reported the case.

Bridget M'Ginnis, æt. 36, mother of six children, first supposed herself pregnant in April, 1857. She missed her monthly period in May. Two monthly periods had been missed, when they re-appeared, as she supposed. After this the hæmorrhage was not entirely suspended. It would stop a day or two, and then return. Vomiting was occasionally present, which she thought remarkable, as she had never been sick while pregnant. On the 24th of June, she lost a child by scarlet fever. On the 26th, Dr. F. was called to see her, on account of profuse flooding. Placing the hand upon the abdominal walls, the volume of the uterus appeared equal to that of a woman between four and five months pregnant. Upon examination *per vaginam*, the os uteri was found firmly closed, and the anterior and posterior lips curiously fissured. Supposing the woman to have been in error with regard to the period of her pregnancy, and that the case was one of threatened abortion, although no pain was complained of, the vagina was firmly plugged, cold cloths, &c., being applied to the abdomen. Vomiting was also present. The next day the hæmorrhage had ceased. Stethoscopic examination was made, but without detection of the fœtal heart or the placental souffle. Vomiting still continued. From this date to the 29th of July, hæmorrhage continued to recur at intervals of a day or two. Vomiting also continued, without being alleviated in any degree by the remedies used. Emaciation was extreme. At this period the vomiting suddenly ceased, and the patient became able to take food. Hæmorrhage, however, continued to recur at short intervals, the fluid being always blood, and never water, or water and blood, described by text books as diagnostic of uterine hydatids. From this time the uterine tumor occasionally appeared much reduced in size, but always regained its former volume, i. e., that of a woman five months pregnant. On the 20th of August, on examination, the os uteri was found slightly dilated. On the evening of the 21st, it was still more dilated, admitting the passage of the last phalanx of the forefinger. Judging the termination of the case to be at hand, although no flowing was then present, the vagina was firmly plugged, a T bandage applied, and directions given, if urgent pain should come on during the night, that the bandages be loosened, and the pains allowed to force away the sponges.

About 3 o'clock the following morning, the pains being severe, the orders were complied with. At 5 o'clock, Dr. F. saw the patient, and found that the plugs and between two and three quarts of uterine hydatids had been discharged. The flooding had been profuse, and the patient was much exhausted and debilitated. She rallied by the use of stimulants, and for the succeeding fortnight regained, in some measure, her accustomed health. Since that period hæmorrhage has occasionally recurred, once rather severely.

The following points in the above case are to be distinguished as pointing to the rational diagnosis of uterine hydatids. *First*, repeated hæmorrhages, occurring at short intervals, never more than forty-eight hours apart, unaccompanied by pain. *Secondly*, the disproportionate size of the uterine tumor with the supposed period of pregnancy. *Thirdly*, the absence of stethoscopic phenomena, and absence of motion. *Fourthly*, the excessive vomiting, commencing earlier and continuing longer than usual in pregnancy.

The fact of the flow having been always of blood, and never of water, or blood and water, may be especially noticed.

In connection with this case, reference may be made with great advantage to the *London Lancet*, vol. ii., 1853, page 295, case of Uterine Hydatids, reported by J. Wearne, Esq., Cornwall. In the same volume also, page 366, is a case of Uterine Hydatids, by P. H. Squire, Elmira, N. Y. In both these instances the symptoms exactly corresponded with the above case. Reference may also be made in the *Lancet*, vol. i., 1855, to a report of the Medical Society of London, where Dr. Winn called the attention of the Society to a fatal case of uterine hydatids, complicated with hæmorrhage. In this case a ragged ulcer, about the size of a shilling, was found at the upper and anterior part of the uterus. A discussion was had by Drs. Routh, Headland, Winn and Dendy, in regard to the absence of discharge of watery fluid in uterine hydatids.

SEPT. 14th.—*Pelvic Abscess.* Dr. GAY reported the case.

The patient, Miss. H., single, æt. 25, just previous to her sickness in March last, was rosy-cheeked, moderately full in flesh, and weighed 120 pounds.

During the first week in March, she was seized suddenly with violent vomiting and diarrhœa, which, after continuing two or three days, gradually ceased. The day before this attack, she had eaten not heartily of baked beans and Indian pudding. This was considered to be the cause of her sickness, though she had often before eaten of the same dishes.

Before she had fully recovered from this seizure, she noticed that her catamenia had made their appearance, but the amount was so slight as not to cover a space larger than a dollar upon the napkin. She thought but little of this circumstance, because for the last three or four years there had been a marked diminution in the quantity at each returning period. Being naturally very timid and modest, she had made no complaint, although she suffered much every time she was unwell. In fact, she has since said, that she did not know whether or not it was right for the discharge to stop.

The day after this last small catamenial show, there was severe pain situated deeply in the right side of the abdomen, just above Poupart's ligament, in the region of the ovary. The pain increased, and

was accompanied with great tenderness on pressure. At this time no swelling was observable externally, nor could any be felt distinctly, on account of the soreness. A poultice was applied for two weeks, when the pain and soreness gradually disappeared. Almost immediately after this relief to the *right* side, she was seized with acute pain in the corresponding region of the *left* side, followed in a few days by great tenderness and swelling. This swelling was situated just above Poupart's ligament, midway between the anterior superior spinous process of the ilium and the median line, though nearer the last. There was soon considerable constitutional disturbance, and in addition to the other symptoms, great pain and difficulty was experienced in passing the urine, and only a small quantity came at a time. Directions were given to rub the seat of the pain with iodine ointment for twenty minutes at a time, every two or three hours during the day. This treatment, by report, was continued several days.

For five days no operation from the bowels took place, although purgatives and injections were frequently given. Croton oil was sent for, and a slight evacuation occurred just as it reached the house. For the trouble in the urine, poplar bark tea was recommended by a friend, and a large quantity of it was drunk. There was now a throbbing, distending pain in the swelling, which had a heavy, dragging feeling, with an increase in the severity of the other symptoms. Occasional paroxysms of bearing down and straining came on, which added much to her sufferings. During one of these attacks, there was a sudden discharge from the vagina of half a pint or more of thick yellow, fetid pus. The swelling almost entirely disappeared, and there was great relief to the pain and other uncomfortable feelings. About two hours afterward, there was passed a pint or more of high-colored and very offensive urine, with a copious, thick, brick-dust sediment. For a few days she was comparatively comfortable. The discharge of pus from the vagina ceased entirely after thirty-six hours. The bowels still continued very costive, though they were occasionally relieved by purgatives and injections. The patient was now very feeble, and had lost much flesh. There was no appetite, nor any inclination to take any nourishment. While in this condition, another recurrence of the pain came on in nearly the same spot, more acutely severe than before. The discharge from the vagina had ceased ten days before. At the same time with the pain, she was seized with vomiting of faecal matter. This was near the third week of April. The vomiting continued at intervals during five days and nights. No evacuation could be obtained from the bowels. Various purgatives and enemata were given, but without relief. Another swelling was now discovered just above the last one, which soon became exceedingly painful. The slightest coughing or pressure of the hand made her cry out, as also the weight of the clothes. Her thighs were constantly flexed toward the abdomen. The left side of the abdomen was much distended with flatus, which kept up a constant distress and uneasiness, in addition to the other pain. Nothing would seem to pass beyond a certain point in the pelvis of that side. Soon after an injection, there was a small discharge of black, offensive, slimy, jelly-like substance. The vomiting ceased. The patient was very feeble, nervous and restless. The loss of sleep and appetite, and the constant severe pain, had reduced her in every way. The bowels were moved



slightly every two or three days, and the discharges were of the same character as above. After several days of quiet, she again vomited, twice in the same day, the ejecta this time containing nothing but bile, and being without the least fecal odor. This was the last attack of vomiting. The stomach was now able to bear some nourishment.

Being somewhat dissatisfied with her medical attendant, she sent, on the 7th of May, the day after the last vomiting, for a clairvoyant, homœopathist and spiritualist. He continued in attendance about two weeks. At his first visit, the swelling could be just covered externally with a tumbler. He expressed his ignorance of what the disease was, and immediately engaged the services of a female medium. She at once declared it to be a *rupture*, and advised a rubbing *downward* of the swelling towards the groin. As the swelling spread in that direction, she said it must be rubbed *upward*. By this time, the lower part of the abdomen, particularly on the *left* side, was involved in a general swelling. As the patient was failing rapidly, they held a consultation with a surgeon, who pronounced it to be a *psaos abscess*, and that she would die if it was touched. The swelling increased in size daily, and three days before Dr. G. saw her it had extended over the median line to the right side. Dr. G.'s first visit to her was on the 25th day of May, 1857. She was then in almost a moribund condition, and so emaciated that she would hardly weigh eighty pounds. Her pulse was very small, thread-like, and counted with difficulty.

In the lower part of the abdomen, on the left side, was a large fluctuating swelling, filling up this space, and extending somewhat over to the right of the median line, very tender to the touch, and evidently containing fluid. On percussion, there was dullness over a space of four or five inches in extent. The skin was slightly red, and adherent to the parts beneath. For four days there had been no defecation, and the upper half of the abdomen was much distended with flatus.

At first it was hardly thought prudent to attempt any operation, on account of her great prostration. But on the consideration that she would surely die very soon if left to herself as she was, it was thought best to give her stimulants, and make a small opening. This was accordingly done at a point two or three inches above Poupart's ligament, and about one half of a pint of thick green, offensive pus, like that from an abscess of one of the labia, came away. Stimulants were then ordered to be given at intervals during the day and night. She had some quiet and comfortable sleep. The next morning she was decidedly easier in every respect, and stronger. The opening of the day before was then prolonged an inch or more, and more than a pint of the same kind of pus was gradually pressed out. Stimulants and beef-tea were then given every hour. The pulse, though very small, had more strength. Her countenance, general appearance and action were better. The second day after the last operation, she had a small defecation following an enema. From this time there was a slow, but steady improvement in all her symptoms. In six weeks she had a strong appetite, and was able to sit up in bed; and now she is going about as she did previous to her sickness. About the first week of September she had a return of the catamenia, and thinks they were more abundant than for a year past.

As to the diagnosis in this case, the antecedents in the patient's history show for a long period an increasing disturbance in the menstrual functions. The primary attack on the *right* side, the deep-seated locality of the pain and the region, together with the sudden stoppage of the menses, would strongly indicate an inflammation of the ovary, terminating, as it naturally does, in resolution. The attack on the *left* side, similar in the part affected, but much more painful, and terminating in an abscess, with the uterine bearing-down pains and the sudden discharge of more than half a pint of pus from the vagina, warrant the conclusion that the inflammation involved the ovary and the adjacent cellular tissue, which terminated in an abscess, called an *abscess of the broad ligaments*, very rare in *unmarried females*, and *less fatal* than in cases *after confinement*. The termination of these abscesses is various, according to the circumstances of the case, opening into the vagina, uterus, bladder, rectum or peritoneal cavity.

The fecal vomiting may be accounted for from the pressure of the abscess, as it increased, upon the intestine, this being sufficient to produce a temporary closure of its canal.

There was no vaginal examination, because the patient was in an almost moribund condition.

The abscess opened into the uterus, or upper part of the vagina, and was entirely emptied in a little over twenty-four hours.

The almost immediate recurrence of the symptoms may be explained by the closing up of the opening into the uterus or vagina, while the secretion of pus went on increasing daily, and advanced more rapidly toward the abdominal wall than in any other direction.

In the extremely low condition of the patient, she would most probably have died, before the abscess, if left to itself, could have broken either externally or internally.

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MIDDLESEX EAST (MASS.) DISTRICT MEDICAL SOCIETY. WM. INGALLS, M.D.,  
OF WINCHESTER, SECRETARY.

THIS Society met at the house of Dr. J. D. MANSFIELD, in South Reading, on the evening of the 2d ult.

The following resolutions were unanimously voted, the subject being introduced by Dr. B. CUTTER, of Woburn.

"Resolved, That a registration of diseases, similar to that proposed by the State Medical Societies of the States of New York and South Carolina, should be instituted in this State, under the auspices of the Mass. Medical Society.

"Resolved, That the Councillors of this District Society present the subject of the Registration of Diseases to the Councillors of the parent Society, for their consideration, at the October meeting."

The heart of a hen, which died of pericarditis, was presented for inspection by Dr. E. CUTTER.

A case *simulating* puerperal peritonitis, occurring one week after delivery, was related by Dr. RICKARD. By the same—a case of acute bronchitis was treated with five-drop doses of tincture of veratrum viride, given every two hours, with most satisfactory results; patient, a female, 35 years of age.

Dr. INGALLS related his experience, during the past ten or twelve months, in the treatment of many cases of obstinate constipation in

adults and infants. In a very large proportion of the cases treated by this means, the results have been highly satisfactory. Ipecac and calomel have been used in the proportion of half a grain of the former to one tenth of a grain of the latter, given in powder—sometimes pill, but the powder is preferable—some fifteen or twenty minutes before each meal. The articles *must* be of the *best* quality, and the condition is essential that the two articles should be *most intimately* mixed. In many cases, after two to four weeks, the remedy has been gradually left off, and the patients have, for a long time after, been free from their old complaint. Dr. I. stated that a hint of this treatment was taken from some medical journal, a long time ago, but he could not give the author.

The accompanying paper\* was read by Dr. B. Cutter.

### Bibliographical Notices.

*Traité des Applications de L'Electricité a la Thérapeutique, Médicale et Chirurgicale.* Par A. BECQUEREL, Médecin de l'Hôpital de la Pitié, &c.

*A Treatise upon the Employment of Electricity in Medical and Surgical Therapeutics.* By A. BECQUEREL, Physician to the Hospital of La Pitié, &c.

ELECTRICITY has long held a doubtful place in the *materia medica*. That it is an agent of great power, and capable of exerting a decided influence upon vital actions, modifying them in various ways, none have doubted. Whoever has witnessed a thunder storm will bear unequivocal testimony to the power, if not to the remedial influence of electricity. But, however potent it may be, and however undeniable its influence upon the economy, it has yet acquired no settled and determined position as one of the instruments of medical art. Physicians have always looked with hopefulness and longing upon it. They have wished to turn it to some good account: to make it do real service in their warfare with disease. Occasionally, here and there, one has been found hardy enough, or credulous enough, to believe that he has discovered the way of bringing the Leyden jar, or galvanism, or the electro-magnetic current, fairly among the *armamenta medicorum*, and of enabling practitioners to use electricity, according to the old motto, safely, readily and pleasantly in the treatment of disease. Thus Pascalis, Aldini de Bologne, Fabre-Palaprat, Haller, Magendie and others, published learned and not uninteresting essays and works, upon the application of electricity to practical medicine. They have detailed numerous cases of real or supposed cures. Yet, notwithstanding such high authority, the experience of the profession has belied the hopes which philosophers held out. Electricity, in whatever form applied, whether that of the spark, or of the direct or indirect current, has not been found obedient or serviceable to the practitioner.

But what physicians have thus failed to accomplish, charlatans have loudly proclaimed their ability to do. From the days when disease

\* This paper, relating to dislocation of the thumb, was published in the last number of the Journal, at page 172.

was cured with marvellous rapidity by Perkins's magnetic tractors, to the present era of electro-chemical baths, electricity has proved an unfailing source of fleecing the public and enriching the quack. At last the profession seemed to renounce all hope of making it a serviceable agent, and by a sort of common consent neglected it almost altogether. We say *almost*, because there have always been some, both in this country and in Europe, who have not despaired of bringing it within the domain of therapeutics. There have been individual observers, who, with equal faith and perseverance, have experimented with electricity in disease, and have never despaired of final success. Of late years, undoubted advances have been made in this direction. We are not without a reasonable hope that the electric current will yet be employed by practitioners as a valuable therapeutic power. Two men, careful and scientific observers, stand out prominently, at the present day, as earnest cultivators of this branch of therapeutics. One is *M. Duchenne de Boulogne*, the other *A. Becquerel*, the title of whose book we have placed above.

It is the object of this notice to introduce to our readers the work of the latter of these physicians. The monograph of *M. Becquerel* is of more than ordinary merit, and in giving it to the public the author has made the profession his debtors. Its title indicates its character. It is not a treatise upon the science of pure electricity; nor is it a discussion of vague notions or abstract principles. It is strictly an endeavor to determine the exact therapeutic value of electricity; an attempt to point out the advantages, and also the dangers and inconveniences, which attend its employment. In the words of the author, the treatise is "an endeavor to dissipate somewhat the chaos which envelopes the application of electricity to therapeutics." For several years, *M. Becquerel* has been in the habit of experimenting with electricity, in various ways, upon his hospital patients. Latterly, as we learn from his book, he has given a course of lectures at *La Pitié*, upon what might be termed electrical therapeutics. This treatise, therefore, is founded on clinical observations. It is the author's lectures carefully written out and revised.

One of the leading characteristics of the book is its reliability. Clearly it is not the work of an enthusiast, who is anxious to make the most of a favorite remedy, or mode of treatment—not the labor of a special pleader, determined to make a strong case in support of a pre-conceived theory. A philosophic, or what might be termed a judicial spirit pervades it. The value of electricity, as a medical agent, is carefully investigated by *M. Becquerel*: tested by a rigid observation, and judged by the principles of a just therapeutics. The reader is more surprised by the limits within which its remedial influence and application is circumscribed by our author, than by the extension which is given to it. Its great power in modifying chemical and vital actions, in ways which we do not understand, and perhaps never shall, is fully admitted, but its remedial action in the hands of the practitioner is shown to be limited.

The first thirty pages of the work contain a brief history of the therapeutic applications of electricity. After this introduction, the treatise is divided into three parts. The first part is devoted to a detailed description of the different kinds of apparatus which have been and are used for the purpose of applying electricity to the system.

The second part presents an interesting and able account of the physiological action of electricity upon the body, and also points out the proper manner of using the apparatus, which was previously described. The third part consists of eight chapters, and forms by far the largest portion of the work. In this third portion are to be found the result of the author's observations. It is the most practical and important, as well as the largest division. In a remarkable degree, it evinces the cool and unprejudiced judgment and careful observation of the writer. The final chapter of the book is devoted to a sketch of the dangers and inconveniences which attend the use of electricity.

We should be glad to follow M. Becquerel more in detail, and give to our readers some of the important results which he arrives at, but the extent which our notice has already reached forbids any such attempt. We must refer those who are interested in this matter to the book itself. We cannot forbear, however, alluding to one disease, or, more properly speaking, to one class of diseases, in the treatment of which electricity holds an important place. We refer to diseases of the nervous system, and especially to paralysis in its many varieties. M. Becquerel shows, what we have never seen so clearly pointed out elsewhere, the principle which governs the use of electricity in all forms of paralysis. The difference between paralysis dependent on disease of the cerebral or spinal centres, and that dependent on some affection of the nervous system outside of those centres, or the difference between centric and eccentric paralysis, is familiar to us all. In this difference lies the principle which guides the therapeutic use of electricity. Whenever a paralysis of motion or sensibility, or of both, occurs, dependent upon, or, as M. Becquerel calls it, symptomatic of disease of the brain or spinal cord, then the stimulus of electricity is worse than useless; it is dangerous. When paralysis exists and such disease of the central nervous system is not its cause, then there is great hope of advantage from the judicious employment of the electric current. This principle is the key to the use of electricity in all cases. Is a function weakened or paralyzed, if that derangement is symptomatic of graver disease lying behind it, then the battery must not be used. The first thing for the practitioner to look to, who intends to employ this power successfully, or even safely, in paralysis, is to be sure that the paralysis, of whatever kind and wherever situated, is not symptomatic of cerebral or spinal disease. This is no new discovery or statement. But M. Becquerel has given to it a clearness of expression, and confirmed it by an abundance of experiment, which enhances its value. We cannot speak of the details into which he goes upon this matter. It is enough to say that it is clearly and carefully investigated. The chapter upon the use of electricity in nervous deafness is written by M. Menière, the physician-in-chief to the Hospital for the Deaf and Dumb in Paris. It is a valuable contribution to aural surgery, and is no inconsiderable addition to the treatise of M. Becquerel.

As we have already hinted, we should be glad to give a more satisfactory analysis of this contribution to practical therapeutics, but any attempt to do this, critically and with justice, implies a review rather than a notice. In conclusion, let us commend the book, not only to medical readers, but to any one who has both the *ability* and the *leisure* to translate French into English *that is English*, as a work worthy of an English dress.

E. H. C.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 8, 1857.
 

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## THE CITY HOSPITAL.

Is an article on the location of the City Hospital, in the *Courier* of Thursday, the Lying-in Hospital, situated between Springfield and Worcester streets, is recommended as being well adapted for the purpose on some accounts, although preference is given for the establishment of several small buildings, detached from each other, in order to secure protection against contagion. In one respect, the Lying-in Hospital building is all that could be desired; its ventilation appears to be almost perfect, every room having a duct for foul air near the ceiling, connected with a ventilating shaft seventy-five feet in height, and being besides furnished with a fire-place. A current is maintained in the shaft by means of the smoke-flues of the furnace and kitchen range, which are carried up within it, and also by a fire-place *within the shaft*, which can be used if necessary. About sixty patients could be accommodated in this hospital—possibly a few more; but this is doubtless much below the number which will seek its shelter. At the present rate of growth of Boston, probably beds for five times as many will be required in a few years. Additions would therefore have to be made to the building, and if the lot be large enough, separate pavilions might be built, in which cases of contagious disease could be placed.

A still better plan would be to occupy the Lying-in Hospital building for the present, and in the meantime, as the *Courier* suggests, another lot could be secured for the erection of a building better adapted for a City Hospital. We would suggest that perhaps the Corporation owning the building might be willing to lease it to the City for a term of years, at the end of which time it might revert to its original purpose, for which it is admirably adapted, if its officers could raise the necessary funds for this purpose. When the present financial difficulty shall have passed, and the prosperity of the community shall be again established, we are confident that a new generation of merchant princes will not be wanting, who will be as ready to endow every charitable undertaking as those have done whose recent misfortunes will also fall so heavily upon the poor and the suffering of our city.

We hope that if a new building is to be erected, it will be no palatial structure. An edifice for a city hospital should be constructed with reference to economy. The class of patients who are to be treated in it are in no wise benefited by free-stone or granite walls. Cleanliness and ventilation are the most important objects to be sought in its structure. It has often occurred to us that no building in Boston could be so easily converted into a hospital as Chickering's Piano Forte Manufactory. A plain brick building, in the form of a hollow square, or three sides of a square, is appropriate for the object, and would probably be the best adapted for relieving the necessities of the sick poor.

## ABORTION ADVERTISEMENTS.

THE following communication, from a correspondent in Ohio, expresses the sentiments of every respectable physician upon an evil to which the public is lamentably indifferent. The evil is chiefly a moral one ; there is no medicine which can be relied upon to cause the pregnant womb to expel its contents before the period of gestation is accomplished, and hence the medicines which are advertised for this purpose almost universally fail of their effects. Were it not so, we should not so often meet with cases of injury and death from the use of instruments employed with this wicked design. We hope the profession will be able to induce a better state of feeling on this subject in the community.

" MESSRS. EDITORS,—As a new phase of quack advertising has of late presented itself, it may be proper to give it a little consideration. I refer to the practice of advertising drugs for *producing abortion*. These advertisements have become so villainously common that one can hardly find a weekly newspaper whose columns are free from the nuisance : which, while they recommend abortions in an indirect manner, do not fail to impress upon the minds of the public that miscarriage can be produced, certainly and safely, with drugs ! The following will serve as a specimen of the whole class. It is taken from a paper published and extensively circulated in Northern Ohio :—

" Ladies in want of a pleasant and safe remedy for irregularities, obstructions, &c., should use Dr. Miller's Female Monthly Powders. It has been said that these powders will produce miscarriage. Without admitting the truth of this assertion, I must confess that it is the inevitable consequence of their use during the early months of pregnancy. Therefore ladies who desire an increase of family should not use them. If after this caution any lady in a certain situation should use them, she must hold herself responsible for the abortion which will surely follow. Price \$5. Sent by mail to any part of the country."

" Such notices cannot fail to do evil by familiarizing the public with the idea that abortion may be produced whenever one does not desire an increase of family, and it is strange that editors and publishers, who claim to be the guardians of the public health and morals, should thus aid in sowing broadcast the seeds of grossest immorality, crime and suffering, and in robbing the public of money and health.

" Whether any of the advertised articles are capable of producing miscarriage, I cannot say ; but I am quite sure that many more cases of that nature have come under my observation in the past six months (which is about the time since these notices came in vogue in this vicinity), than in the preceding six years. This may be merely a coincidence, or the result of an epidemic tendency ; but whatever its cause, those who circulate such advertisements are none the less culpable. If legislatures will not protect the public from such swindling, the medical profession should take the matter in hand. They can at least do something toward setting the mind of the public right."

## YELLOW FEVER.

NOTWITHSTANDING the croakings of those who pretended, a year ago, that the yellow fever was assuming a more malignant type, approaching in its features to the original disease, before its supposed importation from Africa, and also that it was advancing northward in its invasions, the last season has passed away with a very light visitation



from the dreaded epidemic, even in our southern cities. A few cases have arrived at New York, but being detained at quarantine, the disease did not spread; certainly the preservation of the city from an epidemic could not be accounted for by any improvement in the condition of the streets. We have before stated our reasons for believing that the more northern cities of the Union can never be subjected to a severe epidemic of yellow fever; and we are inclined to think that similar reasons may be assigned for the mildness of the disease at the south this season. Not only in the north, but also in Charleston and New Orleans, has the temperature been much lower than common. In the former city, the thermometer has not often risen above 82 degrees, though the atmosphere has been uncomfortably oppressive; in New Orleans the temperature has not been above 94 degrees in the shade, and the nights have been cool.

#### THE BOOT ON THE OTHER LEG.

In the July number of the *North American Medico-Chirurgical Review* is an article written to prove that an English writer on the microscope, Mr. Hogg, had deliberately appropriated a part of a work on the same subject, by Dr. Wythe, without making the slightest acknowledgment. A letter from Mr. Hogg to the editor of the *London Medical Circular* places the matter in a different light, by showing that Dr. Wythe had copied largely from the "Practical Treatise on the Microscope," by Prof. Quekett, and from a work by Miss Agnes Catlow, with the title of "Drops of Water," not only whole pages of text, but also wood-cuts and plates. These proceedings of Dr. Wythe are severely animadverted upon by the editor of the *Quarterly Journal of Microscopical Science*, vol. i., 1853, who says, "on account of the proved plagiarism of this part of the work [the description of the Infusoria], we understand the publishers of Miss Catlow's work have been enabled to prevent the further sale of the American work." Mr. Hogg says, in conclusion, "The apparent resemblance in some of the American author's productions and my own, is therefore readily explained and easily understood, when it is known that I drew upon our English authors with *their knowledge, and in most instances with their consent*, which was invariably granted." We print the above in justice to Mr. Hogg, having in a former number called attention to the accusation in the *North American Med.-Chir. Review*.

*Health of the City.*—The number of deaths from cholera infantum last week was but little more than one third of that for the previous one; on the other hand, the deaths from pneumonia have increased from 5 to 11. The deaths from diseases of the respiratory organs were 39; those from diseases of the bowels, 22. There were 6 deaths from dysentery, 7 from "dropsy in the head," and 3 from scarlatina. Nine deaths were of individuals between the ages of 70 and 80, 2 of those between 80 and 90, and 2 of upwards of 90.

*Deaths in Boston* for the week ending Saturday noon, October 3d, 1866. Males, 50—Females, 47.—Accident, 2—apoplexy, 1—bronchitis, 1—inflammation of the brain, 3—congestion of the brain, 1—disease of the brain, 1—consumption, 16—convulsions, 1—cholera infantum, 13—croup, 3—dysentery, 6—diarrhea, 2—dropsy, 3—dropsy in the head, 7—debility, 2—infantile diseases, 1—typhoid fever, 1—scarlet fever, 3—disease of the heart, 2—hernia, 1—inflammation of the lungs, 11—marasmus, 3—old age, 4—pleurisy, 4—rheumatism, 2—scrofula, 1—teething, 2—thrush, 2—tumor (in bowels, 2—in uterus, 1), 3—whooping cough, 4.

Under 5 years, 47—between 5 and 20 years, 9—between 20 and 40 years, 23—between 40 and 60 years, 11—above 60 years, 16. Born in the United States, 77—Ireland, 21—other places, 8.

*Intussusception.*—W. H. Stanton, of Knoxville—perhaps a physician—writes to the editors of the New York Observer, respecting the treatment of this often fatal state of the intestines, as follows:—"In your issue of July 16th is an article entitled 'Intussusception,' with a remedy, viz., 'the drinking of a pint of hot molasses, without stopping.' When I was a boy, farming among the hills of Litchfield County, Ct., my father's sheep were sometimes afflicted with a similar disease, which he invariably cured, by taking the sheep by the hind legs, and swinging them around in a nearly horizontal position, soon after which the sheep walked about as usual. Now, this may be an undignified way to treat a human being, but I feel strongly convinced, that, foolish as the remedy may seem at first view, it lays claim to a more serious consideration than a sneer or a go-by, for nature is the same in either case, and acts alike in similar cases. And when all other remedies fail, I believe that, taking the person by the feet, and swinging him around, the bowels will be unpocketed, and the patient get well."

*Physician's Bills in the Burdell Murder Case.*—The bills presented to the County of New York for medical and chemical services connected with the murder of Dr. Burdell, last winter, were as follows:—Dr. J. W. S. Gouley, for microscopical examination of blood, &c., \$300. Dr. Wm. Knight, for surgical examination of the wounds, inspection of the clothing, furniture, dagger and other instruments, &c., \$350. Profs. Doremus and Childs, for ten days services in chemical and microscopical examinations, with chemical assistant, \$400.

*Oseous Union of Teeth.*—The senior editor has frequently had occasion to notice examples of osseous union of teeth, but the most remarkable specimen which he has ever seen, was presented to him at the late Convention in Boston, by Dr. H. A. Emery. It is a dens sapientie and a small supernumerary tooth. The side of the crown of the latter is united to the grinding surface of the crown of the former—the root of the supernumerary pointing upward and backward. In this most curious example of osseous union of teeth, the last mentioned tooth must have been developed from a sac given off from the coronal portion of the sac of the wisdom tooth, and a union of the enamel membrane of the two teeth must have taken place previous to the deposition of earthy salts in the cells of the enamel fibres. This, we believe, is the only way in which such an occurrence could possibly have taken place. We shall place the specimen in the Museum of the Baltimore College of Dental Surgery.—*Am. Jour. of Dental Science.*

*Chloroform in Sea-Sickness.*—Dr. Wm. Henderson, of Perth, in a note to the Editor of the London Lancet, says—"I lately had an opportunity of testing this remedy in my own person. At its commencement, chloroform will neither prevent nor alleviate sea-sickness; but after the stomach has been freely emptied, and that most distressing stage of the complaint, dry retching, has supervened, then from ten to fifteen drops by measure, being given on a piece of sugar, and when passed into the mouth, cold water imbibed by little and little so as to facilitate the melting of the sugar and dilution of the chloroform, the transition from a state of extreme suffering to one of quiescence and comfort will be instantaneous and complete. If the patient will now maintain the recumbent position, and take only small portions of food or drink at one time, he will continue to enjoy comfort; and should the retching return, the same remedy will be found equally effectual. The quantity of chloroform I have mentioned is for adults. For children, from five to eight drops will be sufficient."

*A New Statue to Jenner.*—France is cosmopolitan in her distribution of posthumous honors. Not content with raising enduring monuments to her own distinguished dead, in the munificence of her bounty she pays her debt of gratitude to the great of other countries. It is proposed to elevate a statue to the memory of Jenner, and Boulogne-sur-mer, the most frequented point of transit between France and England, has been selected as the place where to erect it. In the rivalry of the two countries, it would not be astonishing if the statue at Boulogne should anticipate the one in England.—*American Medical Monthly.*

The remains of a young man who died three years ago of consumption, in Illinois, were lately exhumed for the purpose of obtaining a portion of the lungs to "make a tea" for a sick member of the family!